## P110000025900

(Requestor's	Name)		
(Address)			
(Address)			
(City/State/Zi	o/Phone #)		
PICK-UP W	AIT MAIL		
(Business En	tity Name)		
(Document Number)			
Certified Copies Cer	tificates of Status		
Special Instructions to Filing Officer:			

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DA/QW Resep



185-24-61

## **COVER LETTER**

TO:	Amendment Section Division of Corporations
SUB	SJECT: EMILIO'S AUTO SAles corp
	(Name of Corporation)
DOC	CUMENT NUMBER: P11000025900
The	enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Pleas	se return all correspondence concerning this matter to the following:
ME	RCEDES EL TORO
	(Name of Person)
DE	L TORO BUSINESS & ACCOUNTING
	(Name of Firm/Company)
124	160 SW 8TH STREET, SUITE 209
1	(Address)
MIA	AMI, FLORIDA 33184
	(City/State and Zip Code)
For f	further information concerning this matter, please call:
ME	(Name of Person) at ( 786 ) 431-5338 (Area Code & Daytime Telephone Number)
	(Name of Person) (Area Code & Daytime Telephone Number)
Encl	osed is a check for \$35.00 made payable to the Florida Department of State.
Ame Divis Clifto 2661	Mailing Address: Indment Section Sion of Corporations On Building Executive Center Circle hassee, FL 32301  Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION



, LETICIA RIVERA	, hereby resign as_VPT		
		(Title)	
of EMILIO'S AUTO SALES		,	
20	Name of Corporation)		
P11000025900 (Document Number, if known)	, a corporation organized under the laws of the State of		
FLORIDA	·		

(Signature of resigning officer/director)

FILING FEE IS \$35.00

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314